	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								D9/890104 FILING DATE APPLICANT(S)						
	AS FILED		AFTER		AF	AFTCO T		<u> </u>							
	IND.				2nd AME	NOMENT					•		۰		
1	1	DEP.	IND.	DEP.	IND,	DEP.			IND.	DEP.	IND.	DEP.	INC	DEP.	
	1							51							
2	<u> </u>							52						1	
3		1						53						 	
4		- 1						54					├─ -	+-	
5	<u> </u>	Į		1				55					 -	-	
_6				.1				56				 		 -	
7		١		/				67						-	
8		ł		7				58				-		-	
9		, –		1				59					-	↓	
10		1		,									-		
11		1		, -	_			60					L		
12		1		1				61				L			
13		,			 		- 1	62			·				
14	 -			1	 -		1	63							
15	<u> </u>	-		 		 		64						Г	
16					-			65						1	
17		, -			-		ļ	66						1	
18				-V				67					Γ		
19	-	1		-/-			- 1	68						\vdash	
		1		1				69						1	
20				/				70					 	+	
21		1		1				71		·			 -	┼	
22								72					 - -	├	
23								73						+-	
24							- 1	74					 	├—	
25							Ì	76						┼	
26							l	76					 -	 	
27							1	77					<u> </u>	↓	
28							ı	78						╄	
29							1				<u> </u>				
30							ŀ	79				-		1	
31							- 1	80					<u> </u>		
32					-		- 1	81					<u> </u>		
33						-	-	82					<u> </u>		
34								83						-	
35					 -			84					Γ^{-}		
36				 	 		•	85							
37					<u> </u>		ı	86					Γ		
38			 		<u> </u>		Į	87					Τ-	1	
							1	88					 	+-	
39							- 1	89			 -	 	 - -	+	
40							ı	90		 		 	- -	+	
41							·	91				 -	 -	+-	
42							ł	92				-		+	
43							ŀ	93				 	 	┼	
4							. t	94				 		╄	
48							ŀ					 		 	
46							- 1	95				 	L _		
47						 	L	96				L			
48				-		 	ļ	97							
49	-						l	98					Γ^{-}		
50							[89					_	1	
TAL			77					100				1	 	t	
D.	ચ	8	1	8	•	1	ſ	TOTAL	,			<u> </u>	 	1-	
TAL	ń	←	19	الحجأ			ł	TOTAL		ا ا		J	<u> </u>	J L	
TAL		e gyven	3/	J 51.94	 	No.	ļ	TOTAL DEP.				⇔		لين	
ZALIA.	al		21	3	· ·	200		TOTAL CLAIMS						DOM:	